

Provider Client Assessment Details Display

Update cancel

Provider Client Services

Service Code	Service Name	Service Status	Allow Care Recipients
020	HOME DELIVERED MEALS	A	No

Update Services

Provider Client Assessments

AssessmentDate	Functional Status	Nutrition Health Score	
8/6/2008	Old Functional Score: 0	Good Nutrition	Details...
2/11/2008	Old Functional Score: 0	Good Nutrition	Details...
3/13/2007	Old Functional Score: 0	Good Nutrition	Details...

Provider Client Assessment Details

Assessment Date: 08 / 06 / 2008

Update cancel

In this example, if the Functional Status displays as “**Old Functional Score: #**” this Client record migrated from the Old ARMS system and no assessment has been completed in the New ARMS with the new ADLs and IADLs.

If the user clicks Details, key a new Assessment Date and click Update, ONLY the new Assessment Date will display as in the example above. In this instance, the user needs to Update Services

Provider Client Assessments

AssessmentDate	Functional Status	Nutrition Health Score	
5/23/2008	At Risk	High Risk Of Malnutrition	Details...
11/5/2007	At Risk	High Risk Of Malnutrition	Details...
3/14/2005	Old Functional Score: 2	Moderate Risk of Malnutrition	Details...

Assessment Details available

No Assessment Details available for this date -- Migrated from Old ARMS

Please note:

Old Functional Status: # is an indication that a Provider Client Assessment has not been completed on this client in the New ARMS. Although the user clicked the Details link and the screen appeared with a date and the user changed the date then clicked Update, this only creates a new Assessment Date on the Client. If the user is only prompted to change the date, then the user should click Cancel to return to the Provider Client Record, and then click Update Services, click Next and the Provider Client Assessment screens will display for the users to complete. Changing the date when Old Functional Status appears under Functional Status is not updating the Provider Client Assessment. In conclusion, if **Old Functional Status: #** display under Function Status, no Provider Client Assessment has been completed for the Client.

Update Services

	Service Code	Name	Service Status
<input checked="" type="checkbox"/>	020	HOME DELIVERED MEALS	Active 
<input type="checkbox"/>	030	ADULT DAY CARE	Active 
<input type="checkbox"/>	843	FC-COMMUNITY RESPITE	Active 

Next

Cancel



Click Next to complete the Provider Client Assessment

Provider Client Assessment

Provider Code :	G025	Agency Name :	ROCKINGHAM CO COUNCIL ON AGING
Last 4Digits of SSN :	5555	Date Of Birth :	2/2 /1925
First Name :	THOMAS	Last Name :	CRITCHFIELD

Service Code	Name	Service Status
020	HOME DELIVERED MEALS	A

Nutrition health score

Question	Response	Refused to answer
a.Do you have an illness or condition that made you change the kind and/or amount of food you eat?	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>
b.How many meals do you eat per day?	<input type="text" value="0"/> 	<input type="checkbox"/>
c.How many fruits per day?	<input type="text" value="0"/> 	<input type="checkbox"/>

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|                                                                  |                                                    |                                                                                                                                                                                                                                      |
|------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| e. Transfer into/out of bed or chair                             | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help |
| f. Ambulate (walk or move about the house without anyone's help) | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Needs help and has unpaid help<br><input type="radio"/> Needs help and has paid help<br><input type="radio"/> Needs help and has both unpaid and paid help<br><input type="radio"/> Needs help and has no help |

23. How many unpaid caregivers involved in care including primary caregiver? ☐ 0 ☐ 1 ☐ 2 ☐ 3 or more

[Previous](#)

Finish

Cancel

Click **Finish** to Save the Provider Client Assessment. A new Assessment Date should appear with the new Functional Status of *Well, At Risk or High Risk*. Once the Provider Client Assessment has been added, when the user clicks the Details link, the completed assessment will display. The system will no longer allow duplicate Assessment Dates.